

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER FOLLOWING NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	FILE NO.
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In the matter of _____

1. Date of Hearing (if one): _____ Judge: _____ Bar no. _____
2. This court issued an order on _____ directing the above named individual to undergo a program of
 Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. THE COURT FINDS:

IT IS ORDERED:

- ☐ 5. A peace officer shall take the individual into protective custody and transport the individual to
☐ the preadmission screening unit established by the community mental health services program serving the community in which the individual resides. ☐ _____
 Designated facility
- ☐ 6. The individual shall be hospitalized at _____
☐ for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
☐ as recommended by the community mental health service program, more than 10 days but not more than the duration of the order for assisted outpatient treatment or 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.
- ☐ 7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

 Date

 Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

This court has ordered you to be hospitalized. You have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____
 Date Time
 and a copy mailed to the _____ Court on _____
 Date

 Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

 Date

 Signature

Do not write below this line - For court use only